

STATEMENT OF ORGANIZATION		OFFICE USE ONLY												
1. Name and Address of Committee SPKR PAC 1063 MULLER PARKWAY B WESTWEGO, LA 70094-5416 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">1/19/2016</div> 3. Estimated Membership <div style="text-align: center;">8</div> 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	Report Number: 56062 Date Filed: 1/19/2016												
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td style="text-align: center;">TERRY J ALARIO</td> <td style="text-align: center;">Chairperson</td> <td style="text-align: center;">PO BOX 44391</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">BATON ROUGE, LA 70804</td> </tr> <tr> <td></td> <td style="text-align: center;">Treasurer</td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	TERRY J ALARIO	Chairperson	PO BOX 44391			BATON ROUGE, LA 70804		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>												
TERRY J ALARIO	Chairperson	PO BOX 44391												
		BATON ROUGE, LA 70804												
	Treasurer													
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>												
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> </table> <p style="text-align: center;">On attached sheet</p>			<u>a. Name</u>	<u>b. Address</u>										
<u>a. Name</u>	<u>b. Address</u>													
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee														
b. Name of Candidate	c. Office Sought by the Candidate													
9. a. Name of Person Preparing Report AMANDA GUIDRY MALOY b. Daytime Telephone 225-767-7163														
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>19th</u> day of <u>January</u> , <u>2016</u> . <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; text-align: center;"> <u>TERRY J ALARIO</u> Signature of Committee/Chairperson </td> <td style="width: 40%; text-align: center;"> <u>504-341-2300</u> Daytime Telephone </td> </tr> <tr> <td style="text-align: center;"> _____ Signature of Committee Treasurer, if any </td> <td style="text-align: center;"> _____ Daytime Telephone </td> </tr> </table>			<u>TERRY J ALARIO</u> Signature of Committee/Chairperson	<u>504-341-2300</u> Daytime Telephone	_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone								
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_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone													

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

LA CAPITOL FEDERAL CREDIT
UNION

b. Address

P O BOX 3398
BATON ROUGE, LA 70821-3398